Session 2: Clinical Case Discussion

MasterClass in Bladder Cancer 2026

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#BladderMasterClass26

SaludMachid Hospital Universitario 12 de Octubre

Patient Profile & Baseline Medical History

Patient Profile

Demographics

Age: 71-year-old

Sex: Male

Comorbidities

Diabetes Mellitus (DM) — well-controlled, on maintenance metformin.

Inguinal hernia repair.

Laparoscopic Radical Prostatectomy (LRP)

- **Indication:** Prostate Cancer
- **Pathology:** Gleason Score 7 (3+4), pT2c

Current Clinical Presentation

History of Present Illness

Onset: August 2024

The patient presented with a 2-month history of macroscopic hematuria.

Initial Workup Initiated

Urine Cytology

Abdominopelvic Computed Tomography (CT) Scan

Initial Radiologic Evaluation (September 2024)

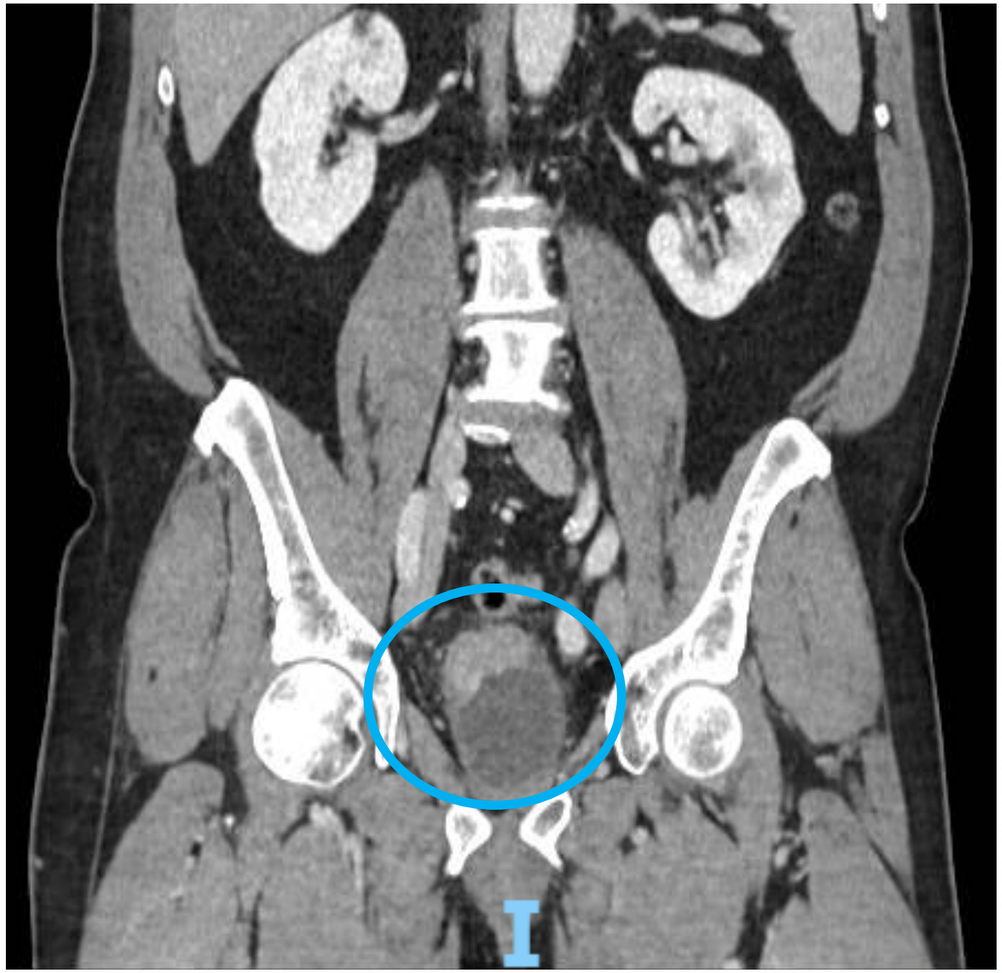
CT Scan Findings:

Primary Lesion: A 4 cm hyperenhancing mass identified at the bladder dome.

Diagnosis: Highly suggestive of a primary bladder neoplasm (not present on prior imaging).

Local Anatomy: Located in close proximity to the distal sigmoid colon; intervening fat plane appears preserved.

Upper Tract: No filling defects identified in the upper urinary tract.



Clinical Decision Point I: Imaging & Strategy

Discussion Questions for the MasterClass

Utility of MRI: At this clinical juncture, would you have requested an MRI?

Clinical Value: What specific anatomic or staging details would it have contributed?

Impact on Management: Would MRI findings have fundamentally changed the management pathway?

Clinical Diagnostic Summary

Baseline Status Prior to Surgical Intervention

Patient

71yo male, functionally active, prior LRP.

Symptom

Macroscopic hematuria (2-month duration).

Imaging

4 cm hyperenhancing bladder dome mass, clinically localized (fat plane preserved).

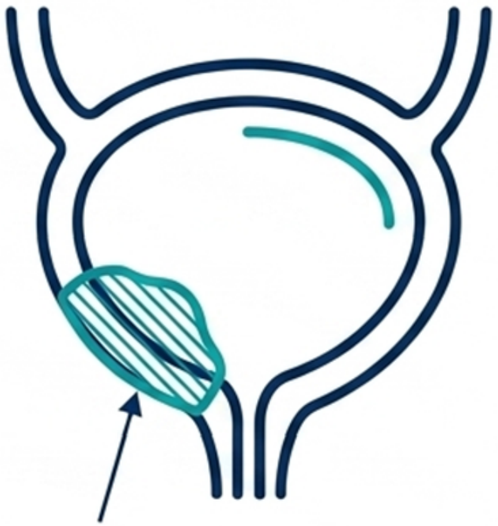
Next Step

Transurethral Resection of Bladder Tumor (TURBT).

Transurethral Resection of Bladder Tumor (TURBT)

Date: October 2024

Surgical Findings & Technique



Bladder base, extending toward the right lateral wall.

Location: Bladder base, extending toward the right lateral wall.

Morphology: Approximately 4 cm sessile lesion exhibiting an infiltrative appearance.

Procedure: Complete resection down to the muscular layer. Infiltrative characteristics noted in specific areas during resection.

Pathology Report

High-grade (G3) urothelial carcinoma.

Muscle-invasive disease (pT2).

Post-Surgical Clinical Staging

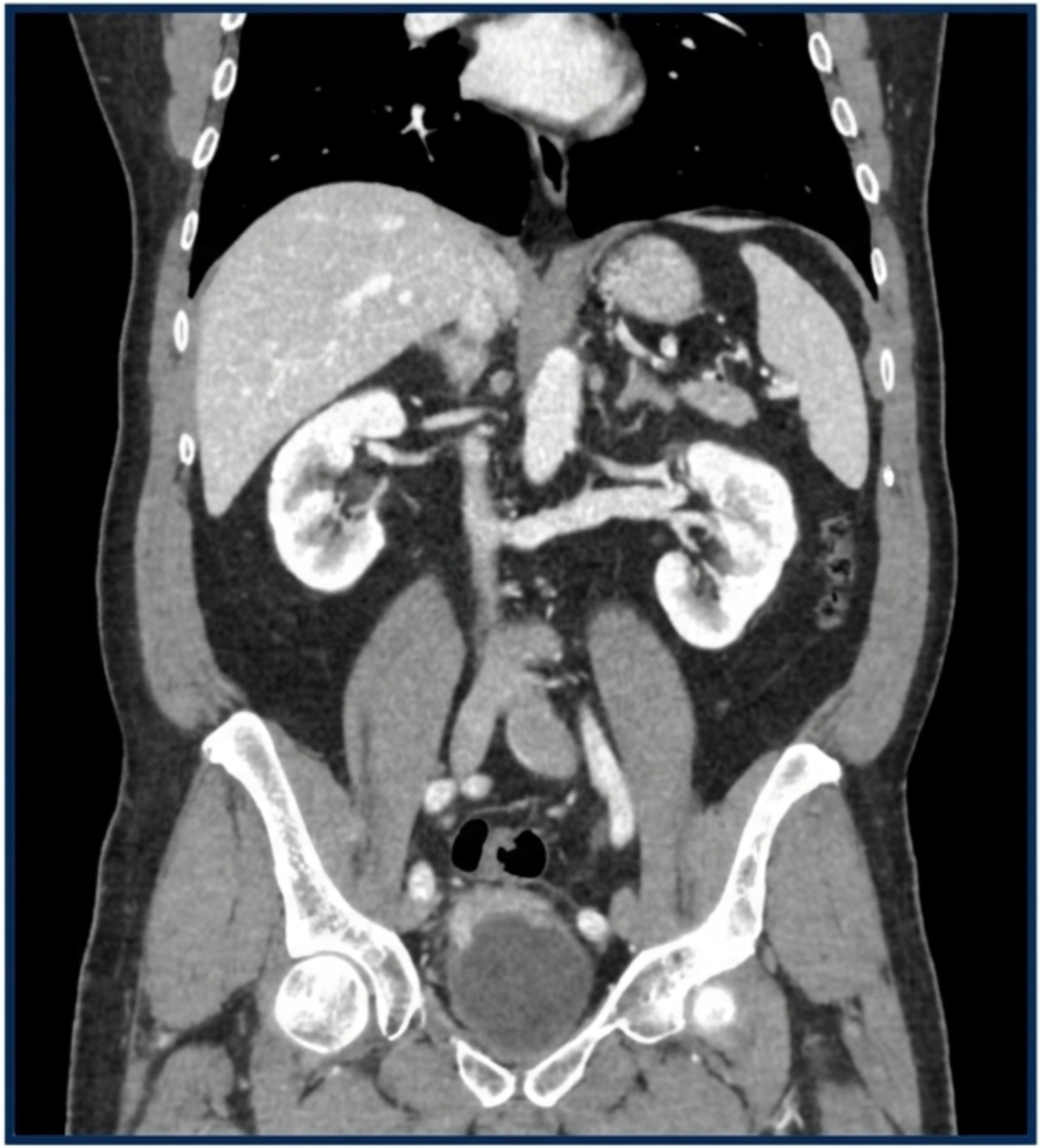
Post-Surgical CT Scan Findings:

Tumor Status:
Superior bladder wall shows the known **neoplastic** lesion (maximum axial diameter ~4.2 cm).

Local Infiltration:
Slight increase in **locoregional infiltration** of the **perivesical fat** compared to the baseline Sept 2024 study.

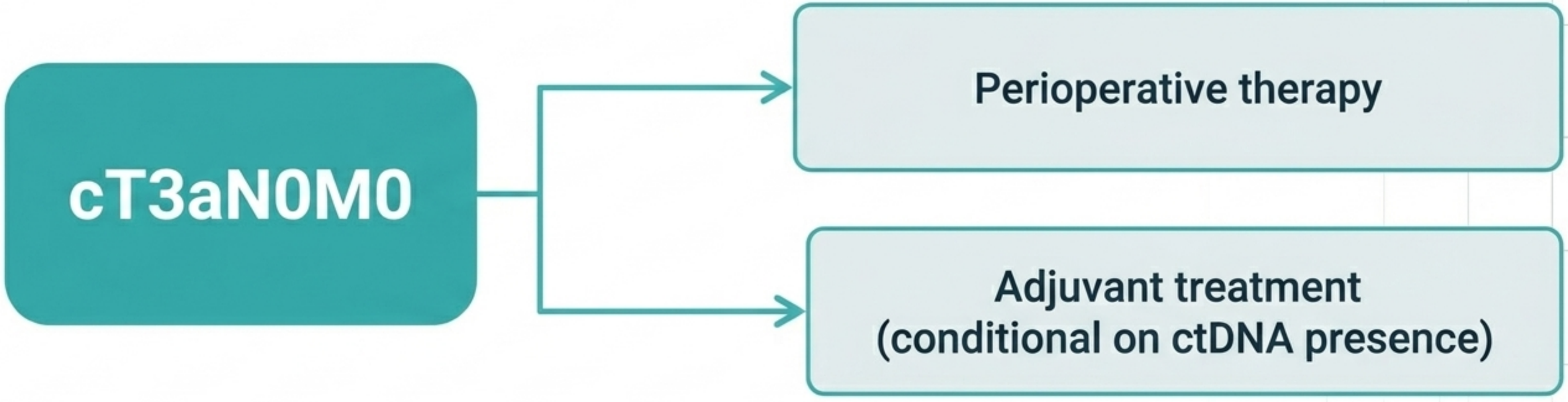
Metastatic Evaluation:
No **lymphadenopathy** or suspicious distant lesions identified.

Current Clinical Stage: cT3aN0M0



Treatment Decision Pathway: cT3aN0M0 Status

Based on the cT3aN0M0 status, what is your chosen treatment pathway?



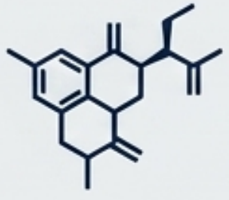
Systemic Therapeutic Strategy

Decision: Perioperative Systemic Therapy

Treatment Protocol

Cisplatin

Gemcitabine



Durvalumab

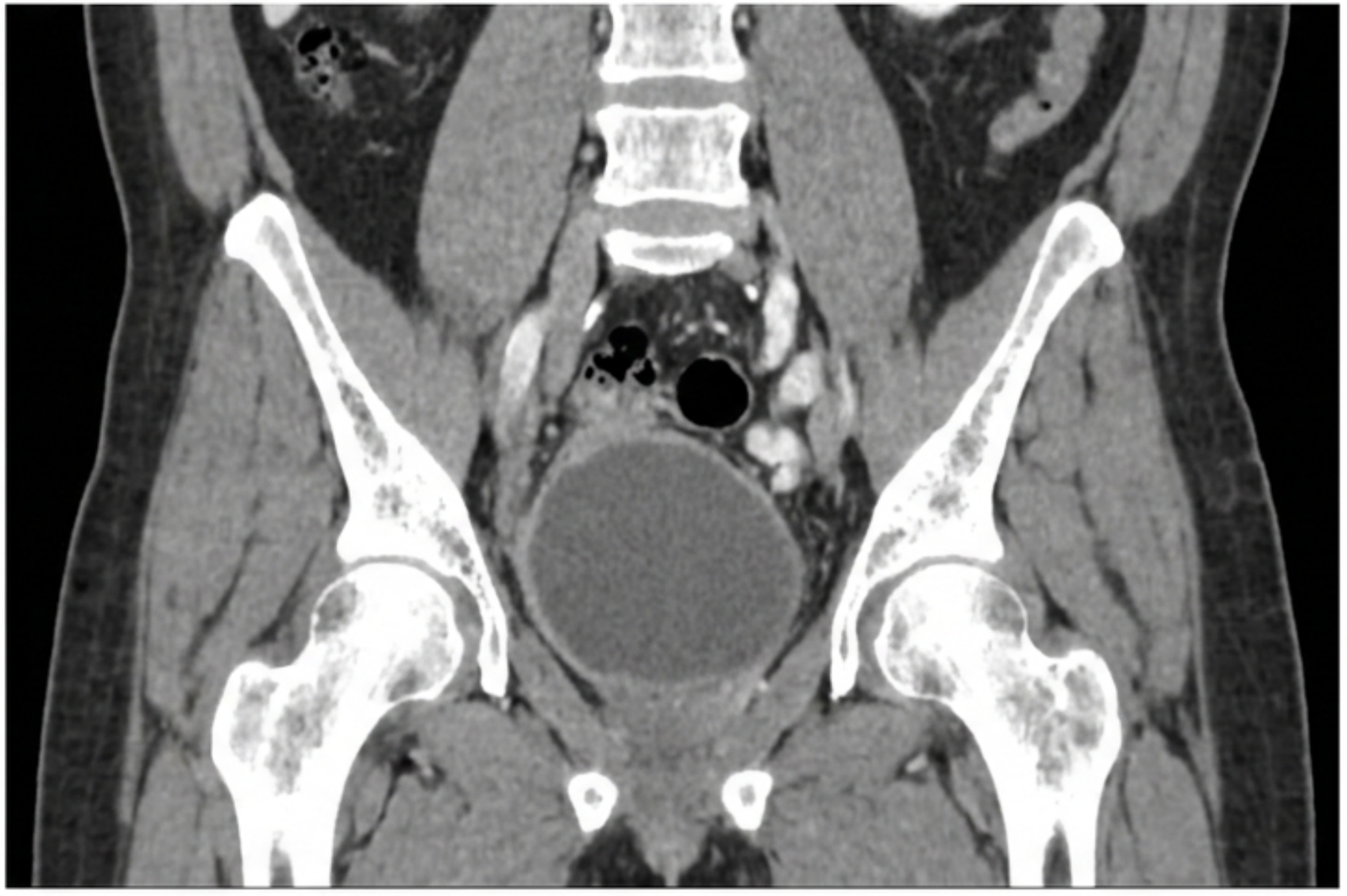
Duration:
4 Cycles
prior to definitive surgery.

Radiologic Response to Perioperative Therapy

Post-Treatment Evaluation:

Primary Lesion: Significant decrease in the size of the neoplastic lesion on the superior bladder wall.

Local Anatomy: Apparent resolution of the involvement of the perivesical fat compared to the post-TURBT imaging.

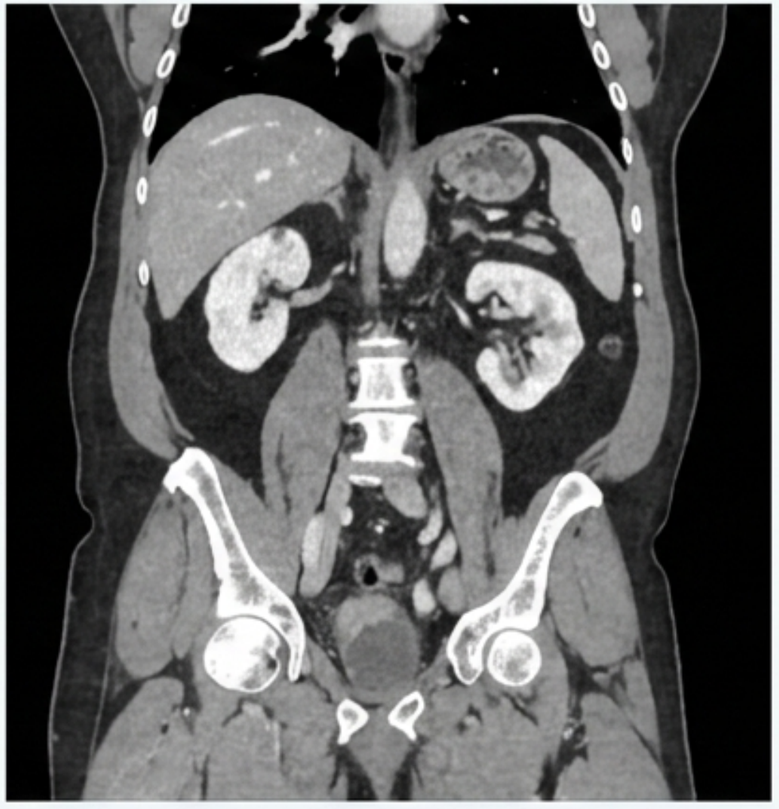


Post-Systemic Therapy Assessment

Comparative Imaging Analysis

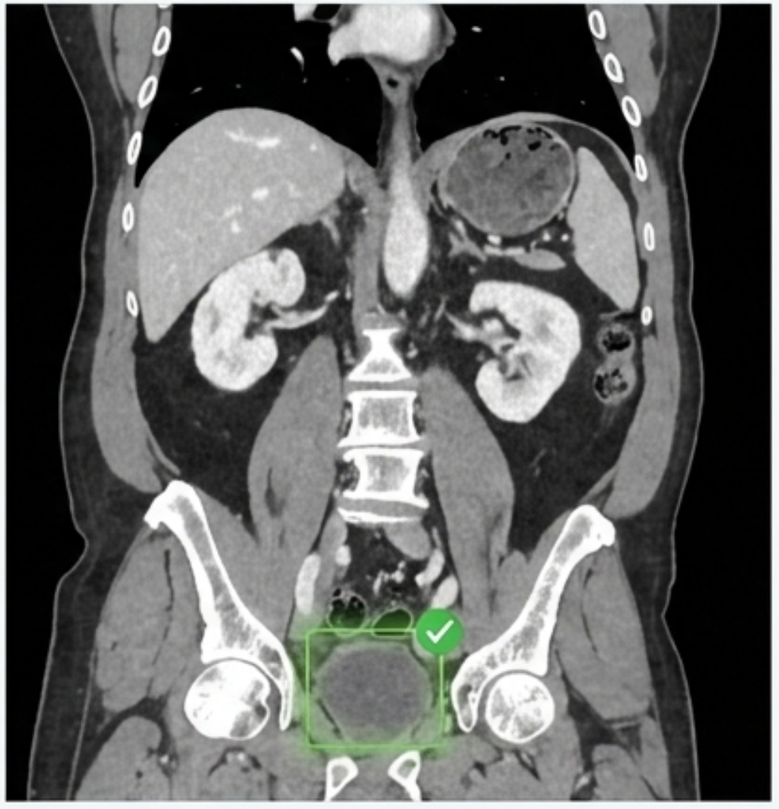
Pre-Treatment vs. Post-Treatment Radiologic Response

Pre-Treatment Panel



Baseline / Post-TURBT showing perivesical fat infiltration.

Post-Treatment Panel



Post-Chemoimmunotherapy showing lesion regression and fat plane clearance.

Pre-Surgical Assessment & Surgical Planning

Definitive Management Discussion

Procedure Choice

Is Radical Cystectomy with an ileal conduit the definitive choice?

Bladder Preservation

How should we assess the bladder before making the final decision? Is bladder-sparing clinically feasible?

Imaging Utility

Is an MRI useful at this specific point to assess complete clinical response?

Definitive Surgical Management & Final Pathology

Surgical Intervention: Radical cystectomy with ileal conduit.

Pathologic Examination:

- Specimen revealed only a prior resection scar.
- No evidence of residual tumor.

Final Pathologic Stage:

pT0

Post-Surgical Follow-up & Maintenance

Current Clinical Status:

The patient successfully initiated maintenance therapy with Durvalumab.

Clinical Outcome: No disease recurrence observed to date.

The patient continues to be monitored closely under standard hospital follow-up protocols.

Present Day

Future Perspectives & Open Questions

Looking Ahead: The Role of Biomarkers

In the future, will we routinely perform **circulating tumor DNA (ctDNA) testing** in patients exhibiting **pT0 responses before committing to maintenance therapy**?

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THANK YOU!

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